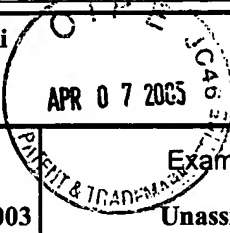


IFW

<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b> (Under 37 CFR 1.97(b) or 1.97(c))					Docket No. 17235	
In Re Application Of: <b>Kota Ishibiki</b>						
						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/706,188	November 11, 2003	Unassigned	23389	3761	6116	
Title: <b>MEDICAL EQUIPMENT AUTOCLAVING SYSTEM, MEDICAL EQUIPMENT AUTOCLAVE, AND MEDICAL EQUIPMENT AUTOCLAVING METHOD</b>						
Address to: <b>Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>						
<b>37 CFR 1.97(b)</b>						
1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.						
<b>37 CFR 1.97(c)</b>						
2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:						
<input type="checkbox"/> the statement specified in 37 CFR 1.97(e);						
<b>OR</b>						
<input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).						

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**

(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.

17235

In Re Application: Kota Ishibiki

APR 07 2005

Application No.

10/706,188

Filing Date

November 11, 2003

Examiner

Unassigned

Customer No.

23389

Group Art Unit

3761

Confirmation No.

6116

Title: **MEDICAL EQUIPMENT AUTOCLAVING SYSTEM, MEDICAL EQUIPMENT AUTOCLAVE, AND MEDICAL EQUIPMENT AUTOCLAVING METHOD**

**Payment of Fee**

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of \_\_\_\_\_ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 19-1013/SSMP as described below.
- ☐ Charge the amount of \_\_\_\_\_
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**Certificate of Transmission by Facsimile\***

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. \_\_\_\_\_)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name of Person Signing Certificate

**Certificate of Mailing by First Class Mail**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

April 5, 2005  
(Date)

\_\_\_\_\_  
Signature of Person Mailing Correspondence

Thomas Spinelli

\_\_\_\_\_  
Typed or Printed Name of Person Mailing Certificate

\*This certificate may only be used if paying by deposit account.

Dated: April 5, 2005

Thomas Spinelli

Reg. No. 39,533

SCULLY, SCOTT, MURPHY &amp; PRESSER

400 Garden City Plaza - Ste. 300

Garden City, NY 11530

(516) 742-4343

TS:jam

CC:



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** Kota Ishibiki **Examiner:** Unassigned  
**Serial No.:** 10/706,188 **Art Unit:** 3761  
**Filed:** November 11, 2003 **Docket:** 17235  
**For:** MEDICAL EQUIPMENT AUTOCLAVING SYSTEM, MEDICAL EQUIPMENT AUTOCLAVE, AND MEDICAL EQUIPMENT AUTOCLAVING METHOD **Dated:** April 5, 2005

**Confirm. No.:** 6116

Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**INFORMATION DISCLOSURE STATEMENT**

Sir:

In accordance with 37 C.F.R. §§1.97 and 1.98, it is requested that the following references, which are also listed on the attached Form PTO-1449, be made of record in the above-identified case.

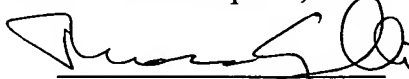
1. International PCT Patent Application Publication No. WO 01/76646 A1, dated October 18, 2001;
2. French Patent Publication No. 2 774 913, dated August 20, 1999;

---

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 5, 2005.

Dated: April 5, 2005

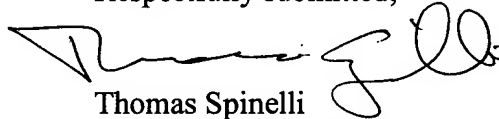
  
Thomas Spinelli

3. Great Britain Patent No. 1 570 096, dated June 25, 1980; and
4. United States Patent No. 4,335,071, issued to Thornton, dated June 15, 1982.

The references were cited in a Search Report dated March 1, 2005 received from the European Patent Office. Applicant is submitting copies of reference numbers 1-3, together with a copy of the Search Report. In accordance with the waiver of 37 C.F.R. § 1.98 (a)(2)(i) in effect as of June 30, 2003, applicant is not required to submit a copy of the above-cited U.S. Patent reference. The relevance of the above-identified references has been described in the Search Report.

Further, the undersigned hereby states that each item of information contained in this Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Information Disclosure Statement.

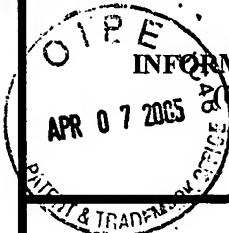
Respectfully submitted,



Thomas Spinelli  
Registration No. 39,533

Scully, Scott, Murphy & Presser  
400 Garden City Plaza - Ste. 300  
Garden City, New York 11530  
(516) 742-4343

TS:jam

 <b>INFORMATION DISCLOSURE CITATION</b> (Use several sheets if necessary)				Docket Number (Optional) <b>17235</b>		Application Number <b>10/706,188</b>		
				Applicant(s) <b>Kota Ishibiki</b>				
				Filing Date <b>November 11, 2003</b>		Group Art Unit <b>3761</b>		
<b>U.S. PATENT DOCUMENTS</b>								
*EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE	
		4,335,071	6/15/1982	Thornton				
<b>FOREIGN PATENT DOCUMENTS</b>								
	REF	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
		WO 01/76646A1	10/18/2001	PCT				
		2 774 913	8/20/1999	France				
		1 570 096	6/25/1980	Great Britain				
<b>OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)</b>								
<b>EXAMINER</b>				<b>DATE CONSIDERED</b>				
<b>EXAMINER:</b> Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.								